

16569 U.S. PTO
09/05/03

PTO/SB/50 (06-03)
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REISSUE PATENT APPLICATION TRANSMITTAL (DIVISIONAL OF 10/124,934), presently abandoned, petition for revival submitted herewith)

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	97-rTRN-366 Re#1 Div #1
	First Named Inventor	Ronald K. Markyvech
	Original Patent Number	6,067,871
	Original Patent Issue Date (Month/Day/Year)	05/30/03
	Express Mail Label No.	EU350692205US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (Original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney (copy)
7. ☒ Original U.S. Patent currently assigned? ☐ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53) (copy)
☒ 37 CFR 3.73(b) Statement (copy)
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. ☒ Original Patent Grant
☒ Ribbioned Original Patent Grant - on file in US App. 10/124,934
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☒ Preliminary Amendment
16. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number. _____	OR <input checked="" type="checkbox"/> Correspondence address below
Name Kevin M. Hinman	
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Name (Print/Type) Kevin M. Hinman	Registration No. (Attorney/Agent) 35193
Signature <i>Kevin M. Hinman</i>	Date 9/5/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**
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21906 U.S. PTO
10/657058
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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
97-rTRN-366 Re1 Div1

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 7	(B) 7	**** 0 =	x \$ ____ =		or	x \$ ____ = 0.00
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 4	* 0 =	x \$ ____ =			x \$ ____ = 0.00
Basic Fee (37 CFR 1.16(h))				\$ ____			\$ 750.00
Total Filing Fee				\$ ____		OR	\$ 750.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 13	MINUS ** 20	* =	x \$ 0 =		OR	
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS ***** 4	=	x \$ 3 =			x \$ 84.00 = 252.00
Total Additional Fee				\$			\$ 252.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

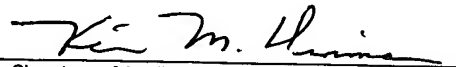
☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account Number 05-0275 in the amount of \$1,002.00.
A duplicate copy of this sheet is enclosed.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 05-0275.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

9/5/03

Date

35193

Registration Number, if applicable


 Signature of Applicant, Attorney or Agent of Record

Kevin M. Hinman

Typed or printed name

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